



George H. Ryan, Governor  
Jackie Garner, Director

## Illinois Department of Public Aid

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### INFORMATIONAL NOTICE

TO: Enrolled Physicians, Optometrists, Podiatrists, Chiropractors and Pharmacies

RE: Participant Co-payments

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Effective for service dates of July 1, 2002 and after, the following changes will be made to participant copayments:

- The \$1.00 co-payment for each fee-for-service visit to a physician, chiropractor, podiatrist or optometrist will increase to \$2.00 per visit.
- The \$1.00 co-payment for brand name prescription drugs will increase to \$3.00. Note, the generic prescription drug copayment remains at \$1.00. Over the counter drugs are not subject to the copayments.

**The specific procedure codes subject to the \$2.00 copayment and the list of therapeutic drug classes excluded from the prescription drug copayment are attached.** Reimbursement and co-payments under the KidCare Share Plan and KidCare Premium Plan are not affected.

The co-payments identified in this notice do not apply to persons residing in institutions (hospitals, nursing facilities, and intermediate care facilities for the mentally retarded, including State-operated facilities), and State-certified, State-licensed, or State-contracted residential settings. These settings include sheltered care facilities, supportive living facilities (SLFs), DHS-approved home and community-based residential settings and a residence provided by an agency licensed for Community Integrated Living Arrangement (CILA) services. In addition, the co-payments do not apply to pregnant women (including 60 days postpartum), children under age 19, non-institutionalized individuals whose care is subsidized by the Department of Children and Family Services or the Department of Corrections (Category 98 cases) and persons enrolled in managed care.

Co-payments are not assessed for services paid by Medicare, family planning services, and certain medications and over the counter drugs. In addition, hospice patients are not assessed a co-payment for any service. The Department automatically deducts the appropriate co-payment amount on applicable services from the payable amount and reports the deduction on the point-of-sale electronic billing system for pharmacies and on the remittance advice for all affected providers. When billing the Department, providers should bill their usual and customary charge and **should not report** the co-payment on the claim or electronic submission.

Federal regulations stipulate that a provider cannot deny services to an eligible individual due to the individual's inability to pay the co-payment. However, this does not remove the individual's liability for the co-payment. Providers may pursue the collection of any unpaid co-payment by using the same collection methods in place for other patients.

If a participant believes that he or she falls into one of the groups exempt from paying the copayments, and is being charged a co-payment in error, the participant should be referred to his or her caseworker to make sure the case file contains correct and up to date information. Providers may access the REV or AVRS systems to verify participant status (e.g., date of birth, category of assistance).

This notice is available on the Department's website at

<http://www.state.il.us/dpa/>

If you have any questions regarding this notice, please contact the Bureau of Comprehensive Health Services at (217) 782-5565.

Matt Powers, Administrator  
Division of Medical Programs

**Illinois Department of Public Aid**  
**Division of Medical Programs**  
**Effective July 1, 2002**

**The Department will automatically deduct a \$2.00 co-payment from the provider's reimbursement for the following procedure codes.**

<b>Code</b>	<b>Description</b>	<b>Code</b>	<b>Description</b>
90015	Podiatrist - Office Visit, new	99211	Physician - Office Visit, est.
90060	Podiatrist - Office Visit, est.	99212	Physician - Office Visit, est.
98940	Chiropractor visit	99213	Physician - Office Visit, est.
98941	Chiropractor visit	99214	Physician - Office Visit, est.
98942	Chiropractor visit	99215	Physician - Office Visit, est.
98943	Chiropractor visit	99241	Physician - Office Consult, est.
99201	Physician - Office Visit, new	99242	Physician - Office Consult, est.
99202	Physician - Office Visit, new	99243	Physician - Office Consult, est.
99203	Physician - Office Visit, new	99244	Physician - Office Consult, est.
99204	Physician - Office Visit, new	99245	Physician - Office Consult, est.
99205	Physician - Office Visit, new	X1010	Optometrist visit

**The following is the list of therapeutic drug classes that are EXCLUDED from a prescription drug co-payment. In addition to these classes, all drugs compounded by the pharmacist are excluded.**

<b>Therapeutic Class Code</b>	<b>Description</b>	<b>Therapeutic Class Code</b>	<b>Description</b>
A1A	Digitalis Glycosides	R1F	Thiazide & Related Diuretics
A2A	Antiarrhythmics	R1H	K+Sparing Diuretics
A4A	Hypotensives, Vasodilators	R1I	K+Sparing Diuretics, Comb
A4B	Hypotensives, Sympatholytic	R1M	Loop Diuretics
A4C	Hypotensives, Ganglionic Blocker	V1A	Alkylating Agents
A4D	Hypotensives, ACE Blockers	V1B	Antimetabolites
A4F	Hypotensives, AIIRAs	V1C	Vinca Alkaloids
A4Y	Hypotensives, Misc.	V1D	Antibiotic Antineoplastics
A7B	Vasodilators, Coronary	V1E	Steroid Antineoplastics
A7C	Vasodilators, Peripheral	V1F	Antineoplastics, Misc
A9A	Calcium Channel Blockers	V1H	Antineoplastics, Misc (cont)
C4G	Insulins	V1I	Chemo Rescue/Antidote Agents
J7A	Alpha/Beta Blockers	V1J	Antiadrogenic Agents
J7B	Alpha Blockers	V1K	Monoclonal Antibodies
J7C	Beta Blockers	V1N	RXR Agonists
J7E	Alpha Blocker/Thiazide Comb	V1O	Antineoplastic GNRH Agonist
MOE	Antihemophilic Factors	V1Q	Antineoplastic Syst Enzyme Inhib
MOF	Factor IX Preparations	W5B	Antivirals, HIV-Specific
Q5N	Topical Antineoplastics	W5C	Antivirals, Protease Inhibitors